REQUEST FOR REIMBURSEMENT FROM SPECIAL FUND

Workers compensation benefits were awarded on _____ *(date of order)* to be paid directly to the employee by the carrier or self-insured employer with reimbursement from the Special Fund on a quarterly basis per KRS 342.120(4), as effective prior to July 15, 1982, on the following claim:

OWC (formerly WCB) Claim Number: _____ Carrier Claim Number: _____

Employee: _____ Employer: _____ Injury Date: _____

Amount Due from Special Fund:

From: _____ To: _____ Number of Weeks: _____

Amount per Week: _____ Amount to Be Reimbursed: _____

Attorney Fee: _____ Date Paid: _____

Lump Sum: _____ Date Paid: _____

Interest: _____ Date Paid: _____

Certification by Designated Officer

I am a designated officer or employee of the employer's insurance carrier or the self insured employer, or the third party administrator for or successor to said carrier or self insured employer, named as requested payee below. The company named as requested payee below is entitled to reimbursement from the Special Fund for workers compensation income benefits paid as stated above.

Signed: _____ Date: _____

Please Make Check Payable To:

_____

_____

_____

Please Mail Check to Following Address:

_____

_____

_____